

APPLICATION YOUTH ADVISORY COMMISSION APPLICATION

Auburn area residents are eligible to apply for appointment to the Youth Advisory Commission that has been established by the City Council.

Name:			
Mailing Ad	ddress:		
Phone:			
((Home)	(Work)	
Email: _			
Profession	: Please Circle: Student	Adult Youth Advocate	
Sponsoring Organization	g School or		
_	ions: (current leadership/other acti	vities)	
XX71 A	1 (1 (
wnat Area	as do you feel are of most importan	ice to youtn:	
D	1.4 (0.1 10.00 10.00 10.00		
Recommer	ndation: (School Official/Mentor)		Contact #
	nd that I may be removed from officion without prior excuse from the C		nore meetings in a twelve
· · · ·	r		
		Sig	nature of Applicant
	answers to the above are not a necessary, you may write on the reverse of	· · · · · · · · · · · · · · · · · · ·	
Return the	completed form to: Auburn City	Hall	
	c/o City Cler		
		Way, Room 8	
	Auburn, CA 520/222 421		
	530/823-421	1, Ext. 112	